

NEVADA DEPARTMENT OF CORRECTIONS

REQUEST FOR SECONDARY EMPLOYMENT

NAME: _____ DATE: _____

TITLE: _____ INSTITUTION: _____ B/A #: _____

PROPOSED SECONDARY EMPLOYMENT: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

SPECIFIC ACTIVITY, BUSINESS, OR ENTERPRISE: _____

PROPOSED DUTIES, RESPONSIBILITIES, OR ACTIVITIES: _____

ESTIMATED NUMBER OF WORKING HOURS AT SECONDARY EMPLOYMENT: _____

PROPOSED WORKING HOURS: _____ a.m./p.m. TO _____ a.m./p.m.

I UNDERSTAND THAT MY PRIMARY RESPONSIBILITY IS TO THE DEPARTMENT OF CORRECTIONS.
I HAVE READ AND UNDERSTAND THE PROCEDURES AND RESTRICTIONS IN AR 355. I
UNDERSTAND MY APPROVAL FOR SECONDARY EMPLOYMENT MAY BE REVOKED AT ANYTIME.

Employee's Signature

Date

RECOMMEND:

() **Approved**

() **Denied**

Signature of Warden / Division Head

Date

() **Approved**

() **Denied**

Signature of Director/Designee

Date

Cc: Personnel File- Carson City